

## California and Western Medicine

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## EDITORIALS\*

### THE NEXT LEGISLATURE—WHY IMPORTANT TO PHYSICIANS

*Reasons Why Physicians Should Be Interested in the Complexion of the Legislature.*—In the July CALIFORNIA AND WESTERN MEDICINE attention was called to the primary state election of August 30 and to the final election to be held on November 8. Reference is again made thereto in this issue and will be noted also in future numbers. The complexion of the California Legislature is something in which all physicians should be interested, because if a militant group that is antagonistic to the best public health interests comes into being in a legislature, it means attacks and danger to many of the public health measures which it has taken the profession years of hard effort to bring into being. Because it is human nature to leave to others duties that are not pleasant, it is necessary to recur to these legislative topics in the official journal of the California Medical Association. If committees on public policy and legislation of our state and county medical societies could handle these matters alone, no appeal for coöperation would be made here.

\* Editorials on subjects of scientific and clinical interest, contributed by members of the California Medical Association, are printed in the Editorial Comments column, which follows.

Since those committees can only succeed in their work of public health conservation when support is given by the physicians of the state and by the lay fellow citizens who have faith in those physicians, it is necessary for CALIFORNIA AND WESTERN MEDICINE, through printed word, to impress upon all members of the California Medical Association that every physician has civic and professional responsibilities in these legislative matters.

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*List of Candidates for the California Primary Election.*—From the office of the Secretary of State of California has recently been issued a large eight-page folder for the information of the county clerks. It contains the names of citizens of California who have filed legally satisfactory credentials permitting them to become candidates for offices in the California primary election, which will be held on Tuesday, August 30, 1932. The offices for which the candidacies are filed include the United States Senate, United States House of Representatives, California State Senate, and California State Assembly. If space permitted, CALIFORNIA AND WESTERN MEDICINE would have been tempted to print the entire list with its information on titles of office, names of candidates, post office addresses of candidates, candidates' designations of office, occupations, etc., and their political party affiliations. The law evidently does not require each candidate to state his office, profession, vocation, or occupation, for in that column are many blank spaces. Perhaps this is due to the fact that in these strenuous economic times some of the candidates must of necessity permit their names to appear with blank lines where the job column is indicated. The incumbents and the attorneys-at-law, as usual, furnish the backbone of the list. There are two or three physicians, several real estate men and farmers, two or three editors, one auto park owner, an optometrist, an "electragist" (?), and so on. In some of the districts the candidates are numerous, especially in those located in urban centers.

County society committees on public policy and legislation will find this Form 11 of the "Certified List of Candidates for Nomination," prepared by the Secretary of State and the Attorney General of California, to contain information of considerable value. The real test will come after the primary election of August 30, 1932, for then the list will be narrowed down to single candidates from the Republican, Democratic, Prohibition, Socialist, and Liberty parties, these last three, however, being represented in only a small number of districts.

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*The Medical Profession Should Be Represented by More Candidates.*—It would have been gratifying to have noted a larger number of physicians among the candidates. The medical profession has important legislative interests at stake. The price for public service as a legislator is, however, too great for most physicians in active practice to

pay; and members of the profession who have retired from practice probably prefer their independence and comfort to the controversial atmosphere which is a part of the game of running for public office. Nevertheless, it would be an advantage to the public and to the profession if physicians, who are in position to do so, would consider public office. In European and Latin countries members of the medical profession are much more often seen in public service than in the United States. Their example is worthy of emulation.

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*Leaflet Giving Boundaries of State Senatorial and Assembly Districts.*—Lay fellow citizens who manage political campaigns for their respective parties possess and utilize accurate data concerning the political affiliations of citizens living in different legislative districts. Many public service corporations and vested interests also have efficient bureaus in which such information is tabulated and made accessible. The medical profession, on the contrary, even though it has direct and grave interests of its own, and equally great interests of lay fellow citizens, through custodial public health responsibility, year after year has left it to a few members to give gratuitous service and to bear the brunt of the hard work of which there is so much, when legislative campaigns and sessions are on. A consummation devoutly to be wished would be that the officers and members of county medical societies would take more interest in these matters and give more active and real cooperation to their committees on public policy and legislation.

One of the first necessities of intelligent interest in this work is to know what are the boundaries of the state senatorial and state assembly districts of California. This information can be easily obtained by writing to the Secretary of State and asking for a copy of Assembly Bill 301, Chapter 180, which leaflet gives the boundaries of the forty State senatorial districts and of the eighty State assembly districts. In the urban centers, where there are two or more assembly districts, the local committee on public policy and legislation should create subcommittees of physicians to report in regard to each district. In that way, by approaching each district unit in proper manner, much better end results should be possible. The secretary of every county medical society is requested to write for the above leaflet, since it will give valuable information to his fellow officers and the local committee on public policy and legislation. This simple duty promptly performed and followed up can be of real service to the public health interests of California.

#### SAN FRANCISCO ENACTS A CLINIC ORDINANCE

*The San Francisco Clinic Ordinance.*—In this issue is printed the San Francisco ordinance regulating the operation, maintenance, and licensing of clinics in that city. It is given a place in

this issue of the official journal for its suggestive value to California health officers and county medical societies. (See page 141.)

That clinics should have supervision cannot be gainsaid. That it has been difficult in the past to bring proper supervision into legal being is also acknowledged. That many so-called clinics have come into existence in recent years which are not really clinics as that term is ordinarily understood is apparent to all who have studied the clinic situation in California. An ordinance requiring the licensure of clinics almost justifies its existence if for no other reason than that the clinics of a city then become a matter of record. As things now are, in most of the cities of California no such lists are obtainable. That is precisely the set-up desired by fly-by-night and unworthy institutions or organizations hiding under the name of clinic or dispensary or health association or what not. Such undesirable institutions for too long have mulcted many of the unsuspecting public through their alluring promises and their equally deplorable services.

Two years ago a tentative bill was prepared by a Los Angeles committee which had for its purpose the enactment of a state statute that would deal with clinics. That draft incorporated desirable provisions from the New York and Massachusetts clinic laws. In an effort to make it all-inclusive of that type of institutions, special consideration was given to the definition of a clinic. An all-inclusive definition is not easy to formulate. Two tentative drafts of such definitions which were then made are printed as addenda to the San Francisco clinic ordinance. After much time had been given to the subject, the draft was presented to the California Medical Association Council. Conditions existing at that time led the Council to advise that the bill be not introduced at the legislative session of two years ago. It was also hoped that further study would probably result in the formulation of an even better bill.

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*Approach Through City Clinic Ordinances May Be the Best Method.*—We are happy to learn that San Francisco has been successful in the passage of a clinic ordinance. In the beginning, perhaps, that is after all the best method of approach to the solution of this problem. If each of the cities of California in which one or more clinics exist will enact such clinic legislation, it should be possible, through comparison of results obtained through different types of clinic ordinances, to come to more definite conclusions as to the best kind of a state clinic statute, in case such a State law should be deemed advisable in the future.

In the preparation of such clinic ordinances, county society committees should avail themselves of the services of the California Medical Association Department of Public Relations. Our Public Relations Committee has been making a study of California clinics and is in position to render efficient aid.